

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION		71530	12-16
I.P.E. CLASSIFIER			12-22-99
FORMALITY REVIEW	DMC DMC	69169 69169	1-8-99 2-2-99

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
— .....	Restricted	O .....	Objected

Claim	Date
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Final Original	Claim	Date
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**BEST AVAILABLE COPY** If more than 150 claims or 10 actions  
staple additional sheet(s).

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